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# Data Quality: UBO & The Revenue Cycle

March 2011



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# Outline

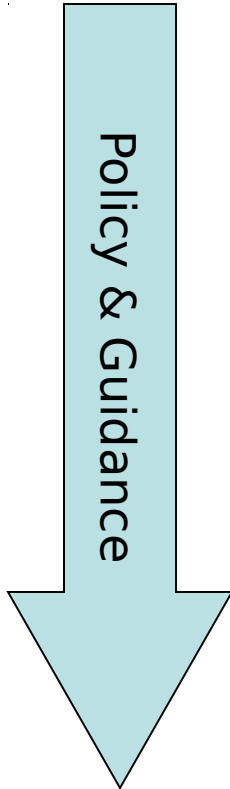
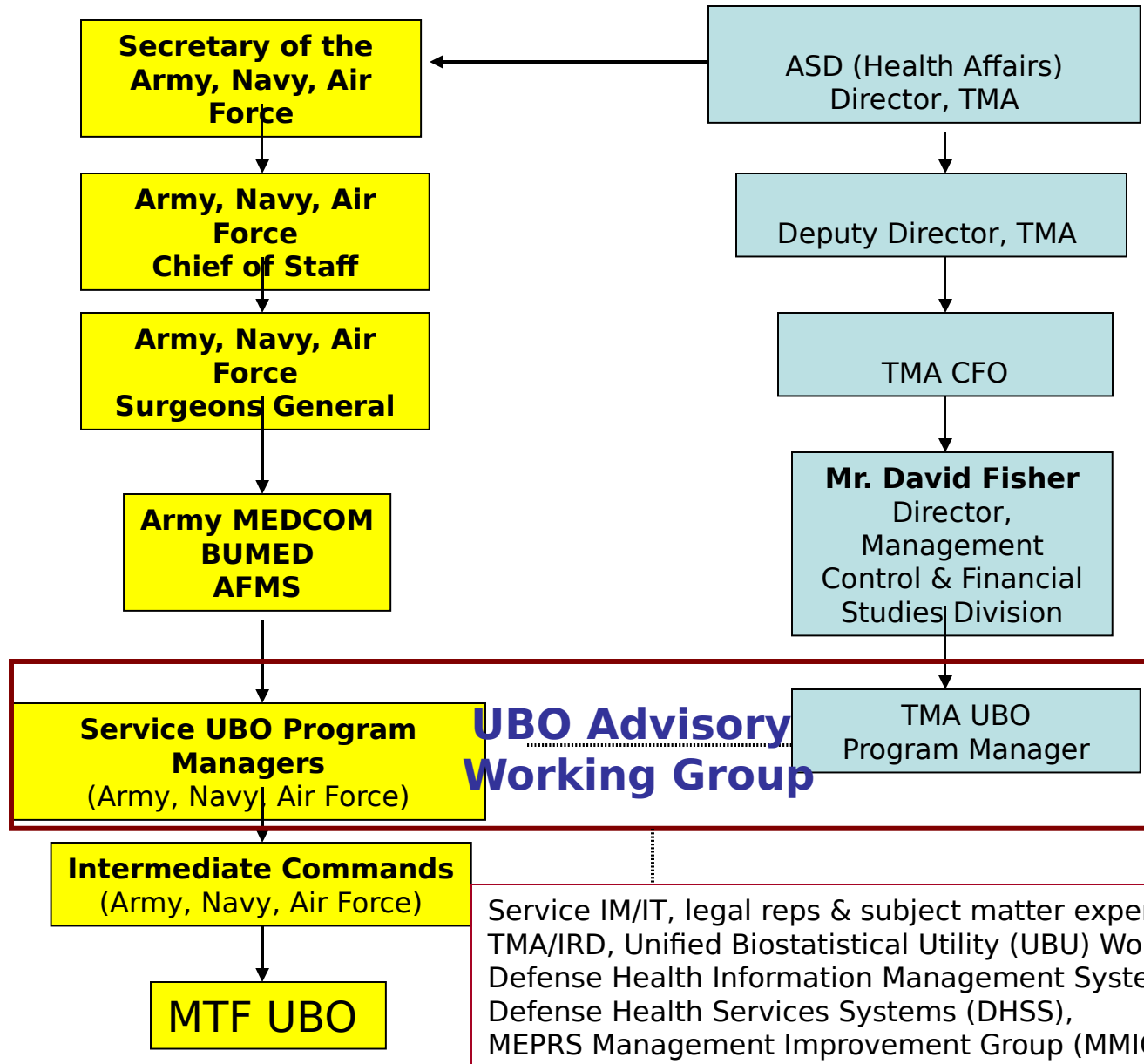
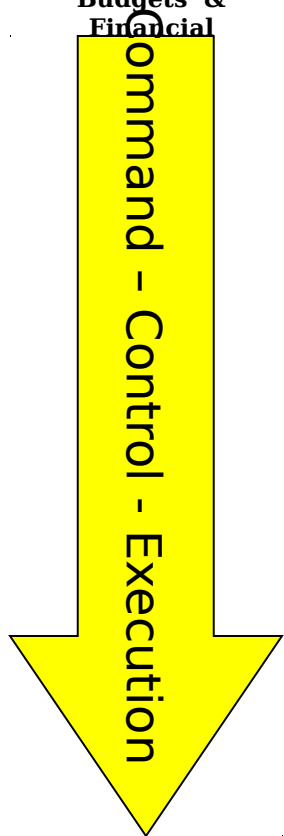


- Uniform Business Office (UBO) Organization
- UBO Cost Recovery Programs
- MHS Billing Systems
- MTF Revenue Cycle
- Data Quality and How it Affects Each Phase of the Revenue Cycle
- UBO Success Factors
- Resources



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# UBO Organization Chart



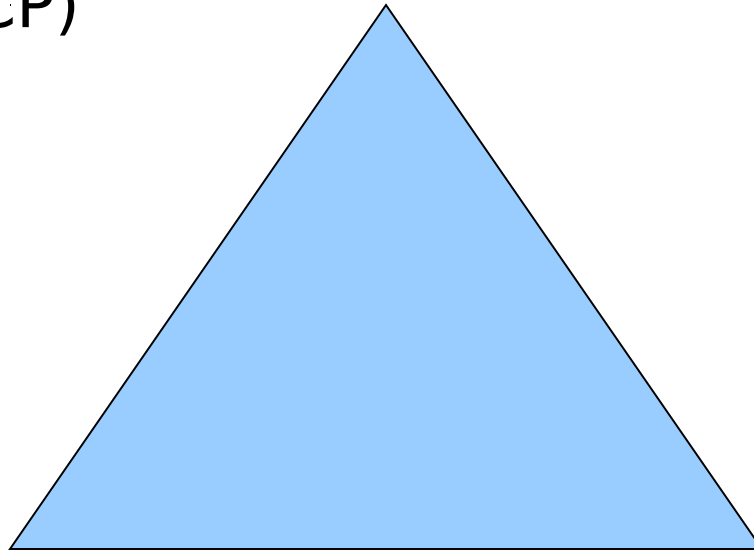


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# UBO Cost Recovery Programs



## Third Party Collections Program (TPCP)



Medical  
Services  
Account (MSA)

Medical  
Affirmative  
Claims (MAC)



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# Who Gets Billed Under Which Cost Recovery Program?



- Third Party Collections Program
  - Bill insurers for care provided to eligible DoD beneficiaries (excludes Active Duty) with other health insurance (excluding Medicare & TRICARE)
- Medical Services Account
  - Includes billing for care provided to eligible patients from Veterans Affairs/Coast Guard /NOAA/ PHS/Civilian Emergencies/Foreign Military & their Family Members
- Medical Affirmative Claims
  - Bill for care provided to eligible DoD beneficiaries injured by third parties



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# Collections by UBO Cost Recovery Program



- Third Party Collections Program (TPCP)
  - \$220M (FY 2010)
- Medical Services Account (MSA)
  - \$177.5M (FY 2010)
- Medical Affirmative Claims (MAC)
  - \$12.2M (FY 2010)
- ALL funds collected are retained by your MTF
  - TPC funds are in addition to the MTFs O&M budget



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# Top Three MTFs by Service for Inpatient TPCP Collections

## Cumulative Collections through 4<sup>th</sup> Qtr FY2010



Service	Facility	FY2010 Inpatient Collections
Army	Ft. Sam Houston (Brooke Army Medical Center)	\$6,198,627.23
Army	Ft. Lewis (Madigan Army Medical Center)	\$5,178,954.58
Army	Washington D.C. (Walter Reed Army Medical Center)	\$5,022,366.50
Navy	NNMC Bethesda	\$4,260,169.21
Navy	NMC Portsmouth (VA)	\$1,909,628.90
Navy	NMC San Diego	\$1,194,354.74
Air Force	Lackland AFB (59th Medical Wing)	\$4,581,966.38
Air Force	Wright Patterson AFB (88th Medical Group)	\$2,513,932.09
Air Force	Nellis AFB (99th Medical Group)	\$680,597.97

Data Source: MTF DD Form 2570 submissions to the TMA UBO Metrics Reporting System  
A/O 26 Jan 11



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# Top Three MTFs by Service for Outpatient TPCP Collections

## Cumulative Collections through 4<sup>th</sup> Qtr FY2010

Service	Facility	FY2010 Outpatient Collections
Army	Ft. Belvoir (Dewitt Army Community Hospital)	\$5,321,738.50
Army	Ft. Sam Houston (Brooke Army Medical Center)	\$4,868,935.89
Army	Redstone Arsenal (Fox Army Health Clinic)	\$4,762,528.91
Navy	NH Jacksonville	\$5,186,234.62
Navy	NMC Portsmouth (VA)	\$4,034,155.97
Navy	NNMC Bethesda	\$3,840,128.78
Air Force	Wright Patterson AFB (88th Medical Group)	\$6,568,483.82
Air Force	Elmendorf AFB (3rd Medical group)	\$5,726,719.57
Air Force	Lackland AFB (59th Medical Wing)	\$4,766,894.18

Data Source: MTF DD Form 2570 submissions to the TMA UBO Metrics Reporting System  
A/O 26 Jan 11





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# Top Ten MTFs for Total TPCP Collections

## Cumulative Collections through 4<sup>th</sup> Qtr FY2010



<b>Service</b>	<b>Facility</b>	<b>FY2010 Total Collections</b>
Army	Ft. Sam Houston (Brooke Army Medical Center)	\$11,067,563
Air Force	Lackland AFB (59th Medical Wing)	\$9,348,861
Air Force	Wright Patterson AFB (88th Medical Group)	\$9,082,416
Army	Washington D.C. (Walter Reed Army Medical Center)	\$8,935,999
Army	Ft. Lewis (Madigan Army Medical Center)	\$8,868,049
Navy	NNMC Bethesda	\$8,100,298
Army	Ft. Shafter (Tripler Army Medical Center)	\$6,675,382
Air Force	Elmendorf AFB (3rd Medical group)	\$6,259,593
Navy	NMC Portsmouth (VA)	\$5,943,785
Navy	NH Jacksonville	\$5,676,073

Data Source: MTF DD Form 2570 submissions to the TMA UBO Metrics Reporting System

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# MHS Billing Systems



- Third Party Outpatient Collection System
  - Government developed system for billing outpatient TPCP (includes outpatient visits, lab/rad/pharmacy prescriptions)
- CHCS Medical Services Account (MSA) Module
  - Government developed module used for billing TPCP inpatient claims (both institutional & professional charges) & MSA
- Relationship to other systems
  - Provider Specialty Codes
  - Collection of other health insurance (OHI) information in CHCS
  - Centralized OHI Repository on DEERS

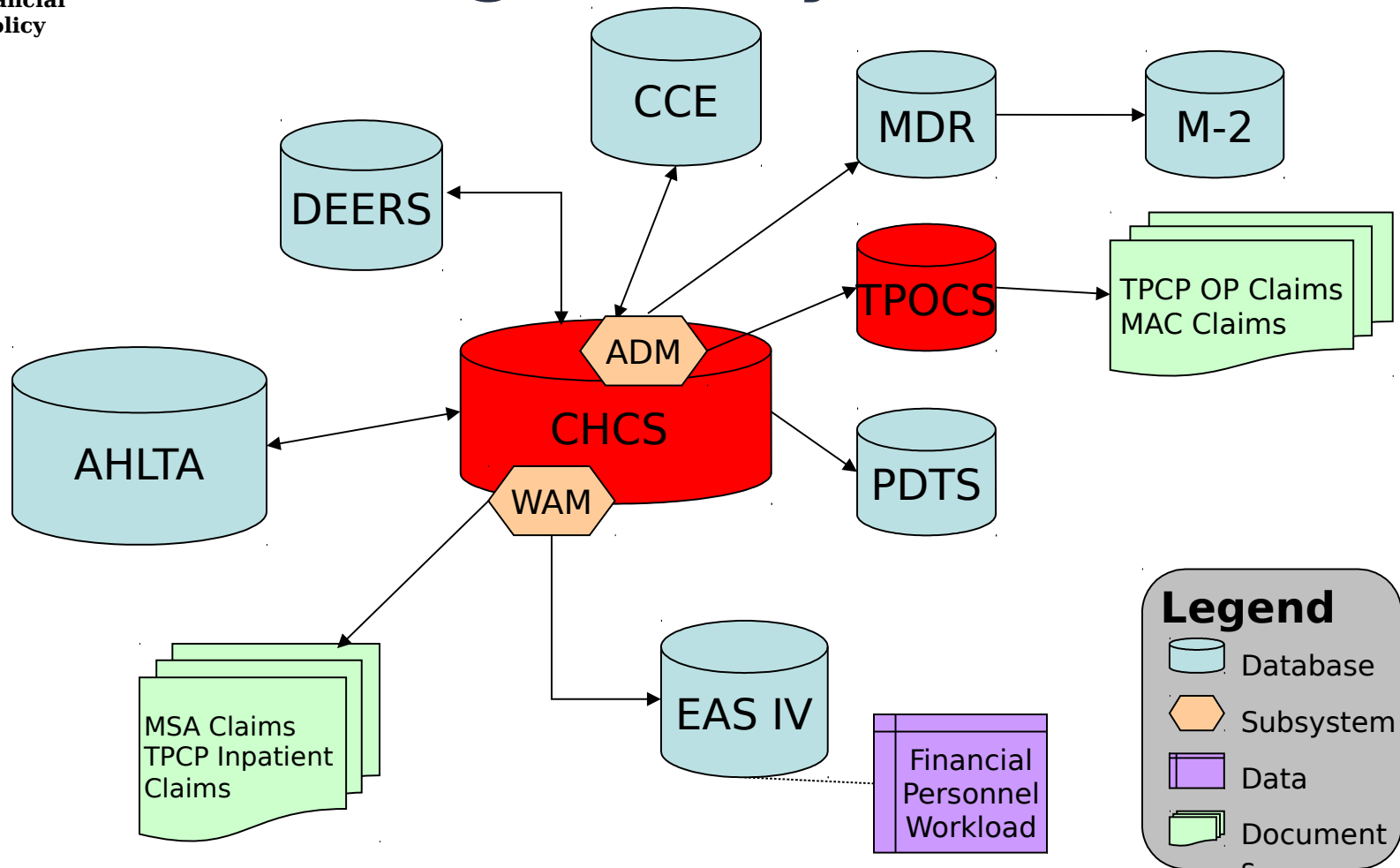


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# Billing/Collections

## Existing MHS Systems





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# Data Quality Characteristics

- Accurate
- Complete
- Concise
- Cost-effective
- Relevant / Timely / Up-To-Date
- Presentation
- Consistent



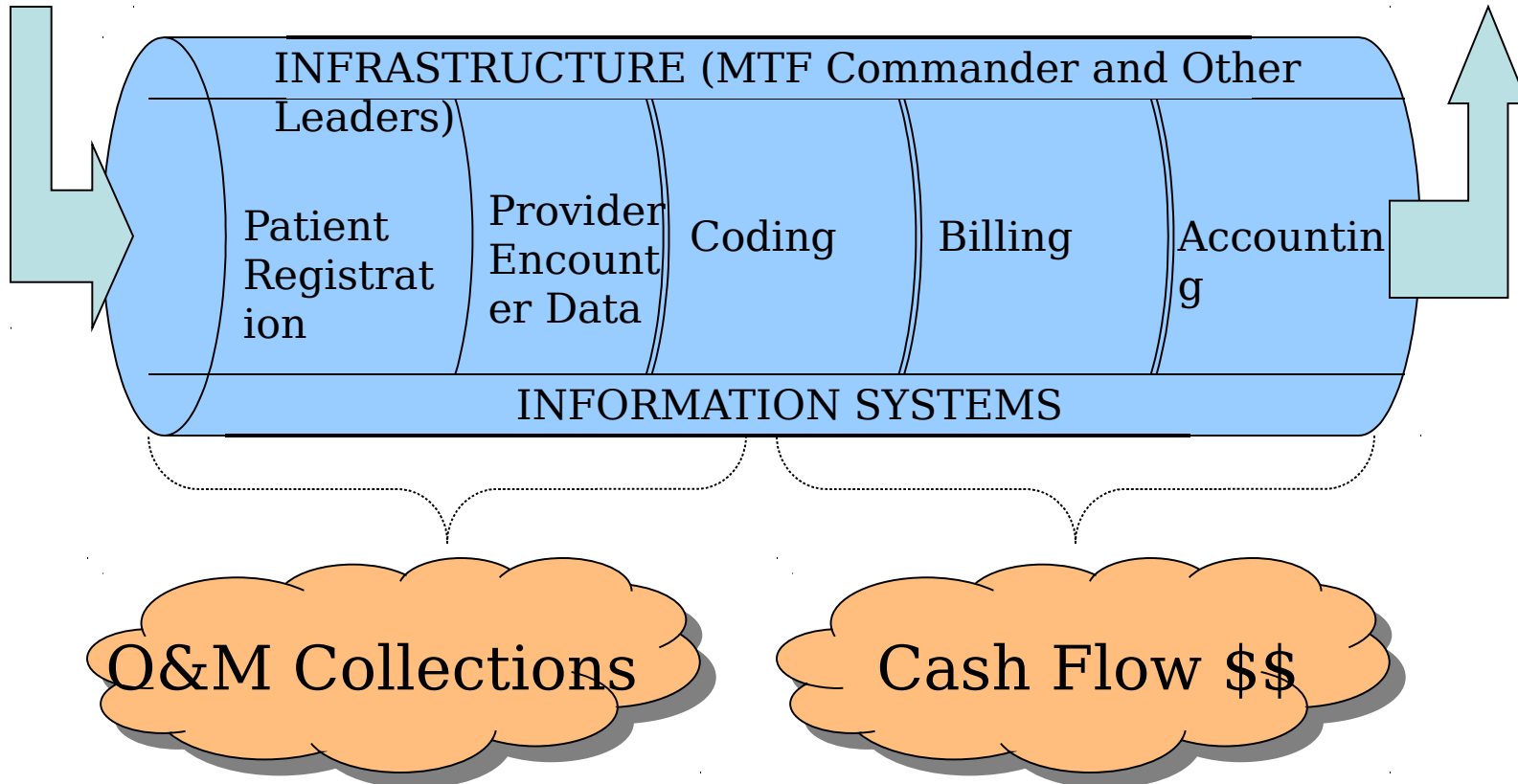
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# Revenue Cycle

**Information / Data**

**Cash**

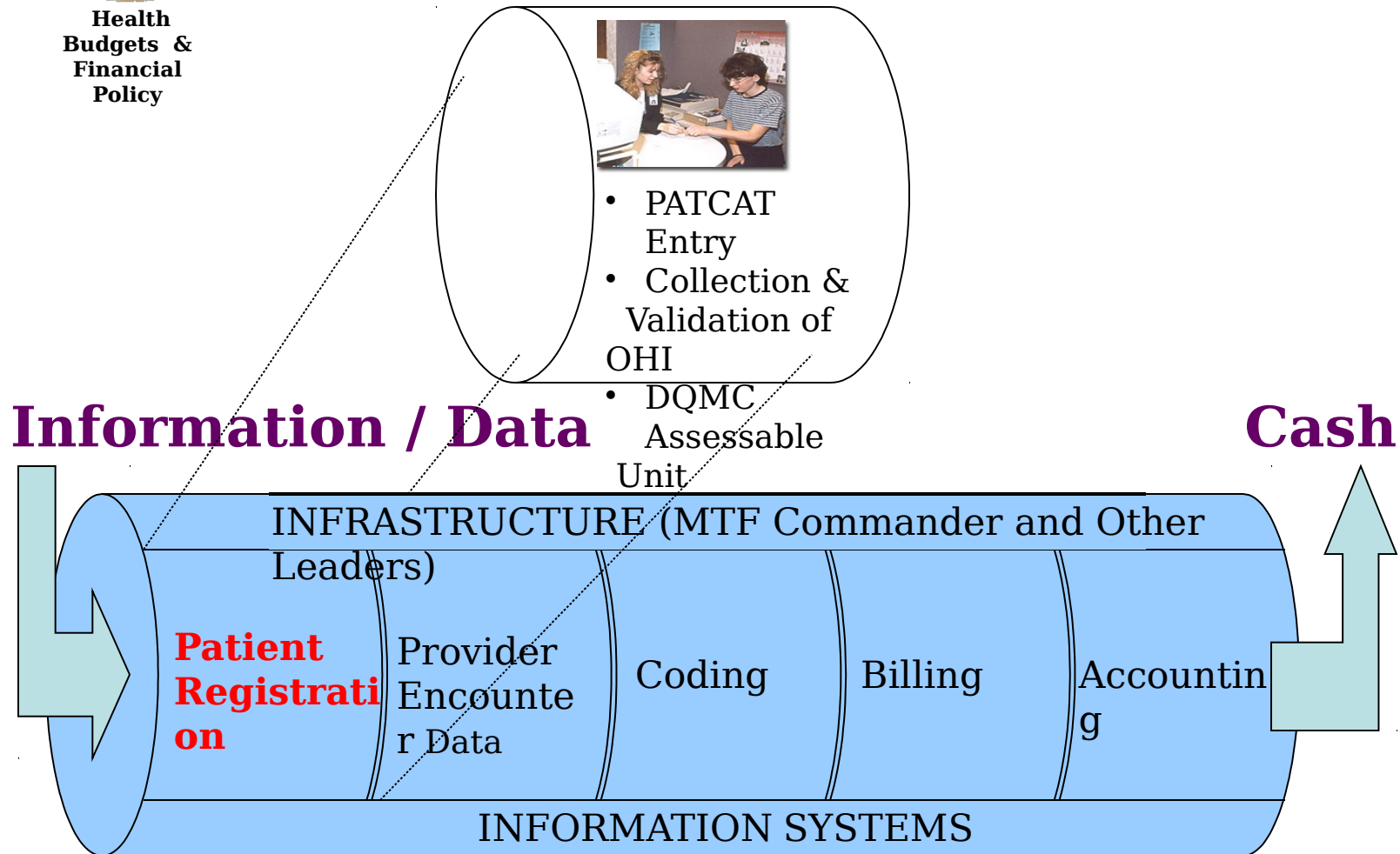




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# Patient Registration





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# Importance of Accurate PATCAT Entry

- Patient Category (PAT) determines the reimbursable rate (if any) for healthcare
  - Over 300 PATCATs to select from
- Challenge of Patients with Multiple PATCATs
  - Spouse of AD Member who is a Reservist and employed as a Federal Employee
- Whose responsible for training/accuracy?



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# Training for Selecting the Correct PATCAT

- PATCAT course now available via the TMA UBO website
- [http://www.tricare.mil/ocfo/mcfs/ubo/learning\\_center/training.cfm](http://www.tricare.mil/ocfo/mcfs/ubo/learning_center/training.cfm)





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# Other Health Insurance (OHI) Information



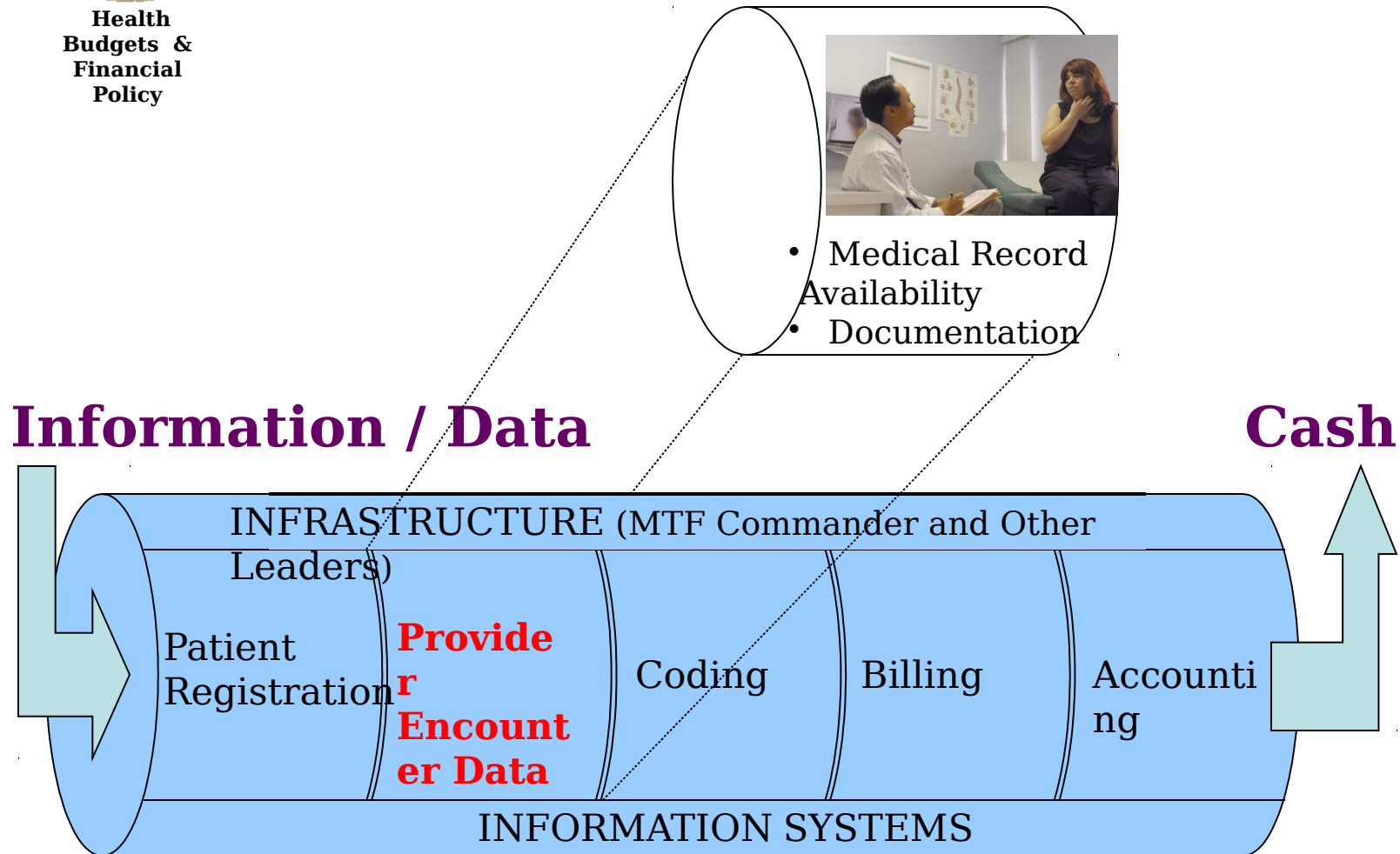
- Use DD Form 2569 to capture OHI information about your patients
  - All Non-Active Duty Patients required to complete it every 12 months or if data changes
  - OHI needs to be entered into CHCS PII screen or it “doesn’t exist” for billing purposes
  - Direct correlation between presence of a current DD Form 2569 in patient record and rate of TPC billing
  - Reported monthly in Commander’s DQ Report



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# Provider Encounter Data





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# CHCS Provider Specialty Codes (PSC)



- Set of codes unique to CHCS
- Current business rules preclude TPOCS from receiving ADM encounters with blank PSCs or PSCs > 900
  - (exception of 901 – Physician Assistant)
  - 702 (Clinical Psychologist) versus 954 (Psychology)
- Site visit to large medical center found 20% of PSCs fields were blank
  - Billable ADM encounter never reach TPOCS



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# Correcting the CHCS Provider Specialty Codes (PSC)



- Get your site's most current CHCS Provider Profile and review the PSC fields for accuracy
  - No blank fields
  - Billable providers have PSC under 900 (plus 901 – Physician Assistant)
- Determine whose responsible for maintaining the PSC fields and TRAIN THEM!!!
- Periodically review the PSC fields to make sure the problem really has been permanently fixed



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# National Provider Identifier (NPI) Type 1



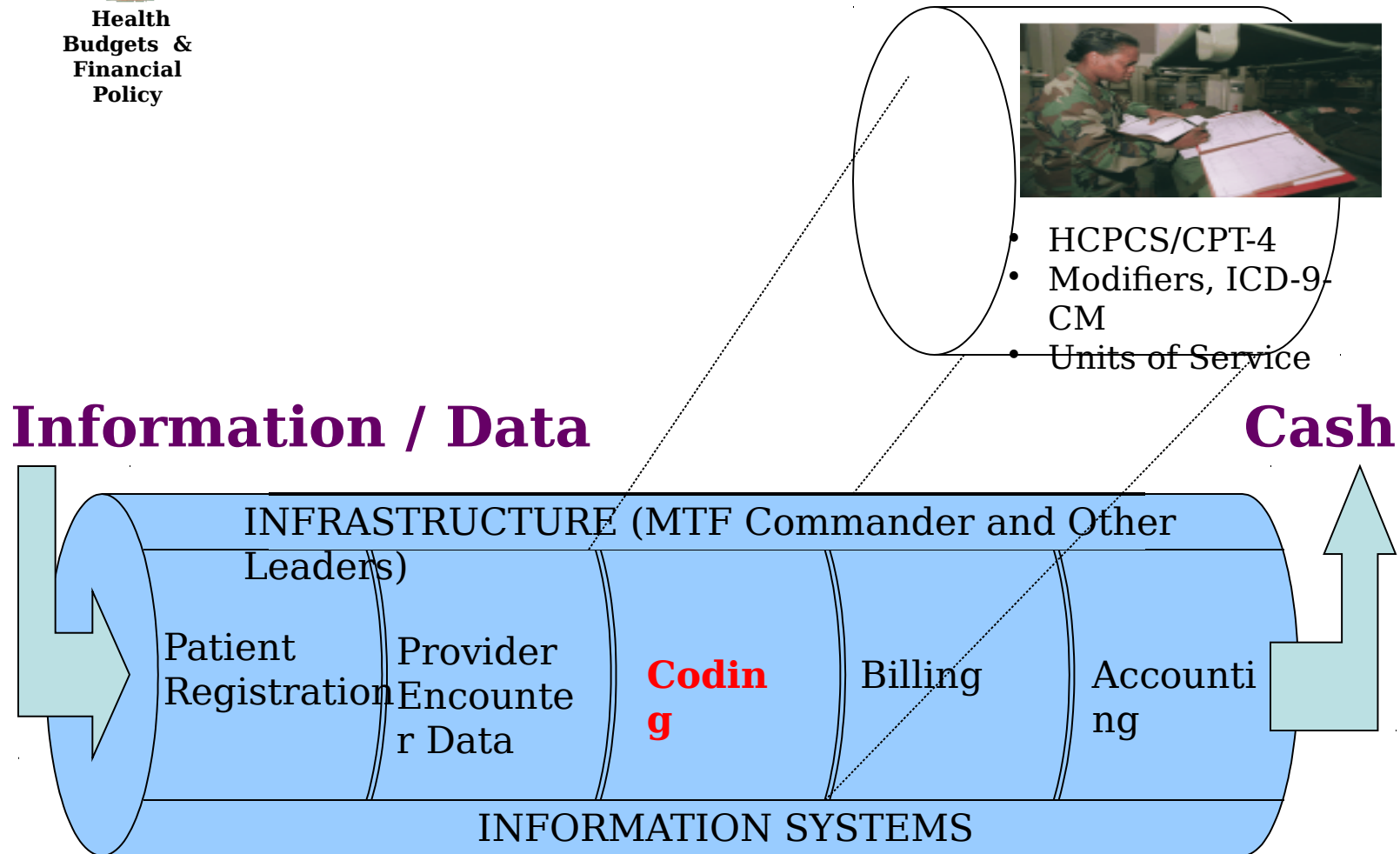
- Every provider who can bill for healthcare services is required to have one
- 23 May 2007 was the deadline for MHS providers to obtain their own unique NPI Type 1
- Are all of your providers NPI Type 1s in CHCS?
  - No NPI = No Payment from Insurance Companies



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# Coding





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# Billing



- Insurance Verification
- Claim Form Data & Line Item Billing

**Information / Data**

**Cash**

INFRASTRUCTURE (MTF Commander and Other Leaders)

Patient  
Registration

Provider  
Encounter  
Data

Coding

**Billing**

Accounti  
ng

INFORMATION SYSTEMS



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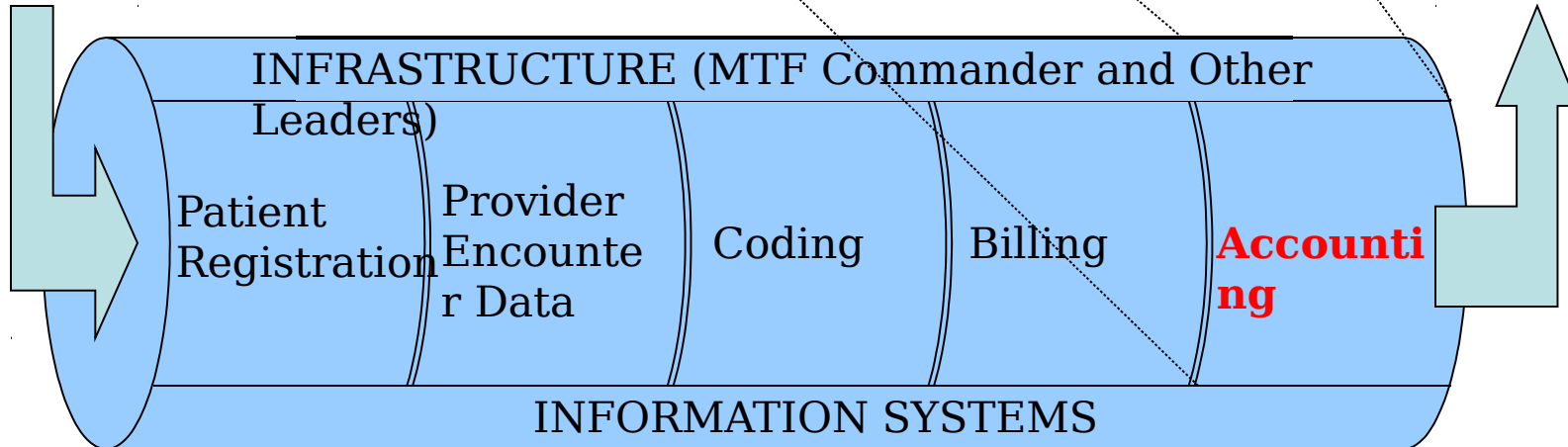
# Accounting



- Account Follow-Up
- Payment Posting
- Denial Management

**Information / Data**

**Cash**







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# UBO Success Factors

- What are the Focus Points?
  - MTF Revenue Cycle
    - Team Effort (not the just the UBO's challenge)
    - Staff Education & Training
    - Electronic Interfaces
  - Leadership Involvement
    - Stress the need to complete the OHI forms (DD Form 2569s)
    - Brief them on UBO Performance (e.g., OHI Capture, Billings & Collections for TPCP, MSA & MAC)



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# Resources



- UBO Web Page

- <http://www.tricare.mil/ocfo/mcfs/ubo/index.cfm>

- UBO Help Desk Contact Information

- [ubo.helpdesk@altarum.org](mailto:ubo.helpdesk@altarum.org)

- 703-575-5385

- Defense Health Information Management System (DHIMS) Web Site

- <http://dhims.health.mil/>

- Defense Health Services Systems (DHSS) Web Site

- [http://www.health.mil/MHSCIO/programs\\_products/jmis/DHSS.aspx](http://www.health.mil/MHSCIO/programs_products/jmis/DHSS.aspx)



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# Questions?

TMA UBO Program Manager

TMA Deputy UBO Program Manager